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TO: Examiner Wells
Group 1617

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DATE: January 26, 2004

RE: U.S. Serial No. 09/851,226

NO. OF PAGES:
(INCLUDING COVER)

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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Practitioner's Docket No. 0073.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jeffry Weers et al.

Application No.: 09/851,226

Group No.: 1617

Filed: 05/08/2001

Examiner: Lauren Q. Wells

For: PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$950.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

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___ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

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37 C.F.R. § 1.10*

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TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (703) 872-9306Date: 1/26/04Kathy Honnert
SignatureKathy Honnert
(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	59	- 59	= 0	x \$ 18.00	= \$	0.00	
INDEP.	5	- 5	= 0	x \$ 86.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$950.00 to Deposit Account No. 500348.

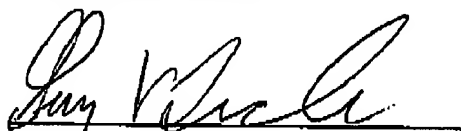
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A duplicate of this paper is attached.

FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 500348.

An additional fee for claims is required, charge Account No. 500348.



Signature of Practitioner

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